HELEN KELLER INTERNATIONAL MOZAMBIQUE
INTEGRATED 6MONTH CONTACT POINT PILOT PROJECT
(MARCH 2015-MARCH 2016)

PROJECT PROGRESS REPORT
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1. Introduction

The integrated 6mo contact point pilot in Mandlakazi and Chibuto districts is a one year project under the DFATD VAS grant. It is implemented by Helen Keller International (HKI) in collaboration with Ministry of Health (MOH) and the District Health Management Teams (DHMT). This pilot is implemented in 38 health facilities across Mandlakazi and Chibuto districts and involves Community Health Workers, Community Leaders, Mother and Fathers Groups (MFG), Faith Based Organizations (FBOs) and International Non–Government Organizations (NGO) working in nutrition in the two districts.

The main goal of this project is to increase caretakers' access to health facilities for children to receive Vitamin A Supplementation (VAS) immediately when they turn 6months. Other objectives are; to use the 6mo contact point as an opportunity to distribute Micronutrient Powders (MNPs) to children aged 6-23 months; to provide counselling on Infant and Young Child Feeding (IYCF) along with promotion of good hygiene practices and lastly to use the 6month contact point as a platform for increasing participation of caretakers during Child Health Days for children aged 6-59 months to receive VAS.

Project activities begun in March 2015, activities included trainings, designing and printing of social mobilization tools, printing and distribution of monitoring tools among others. VAS distribution to children at 6month in these two districts started officially in June 2015 and was followed by distribution of MNPs to children 6-23moths in September 2015.

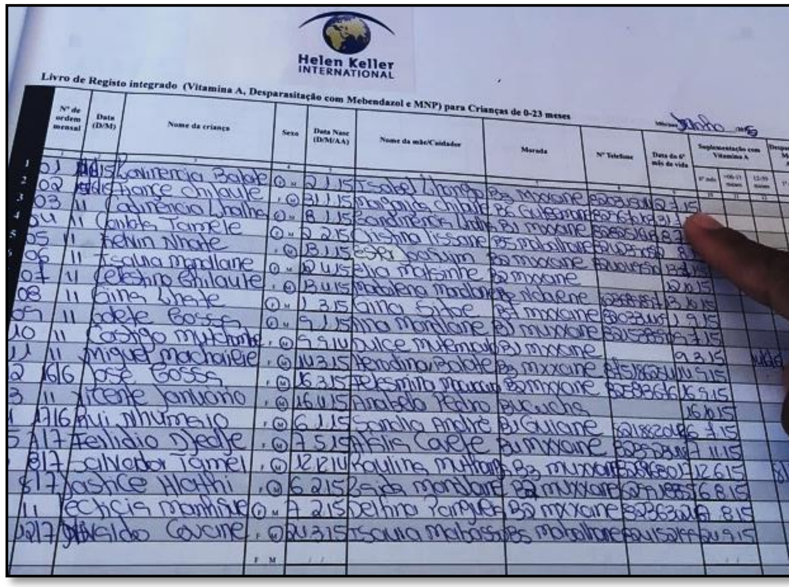
This current report aims to present progress made to date on project activities, number of children receiving VAS at 6month so far in the two districts, implementation challenges and actions needed to accomplish the project goals.

2. Roles of the different actors

Helen Keller International: designing of the project in collaboration with MOH and providing technical support to districts throughout project implementation. Also, HKI organizes regular monitoring visits in collaboration with the district health teams and is responsible for conducting evaluations during the project cycle. To effectively manage this role, HKI has placed one project officer in each district who sits in the health department to be able to provide support throughout implementation of this pilot.

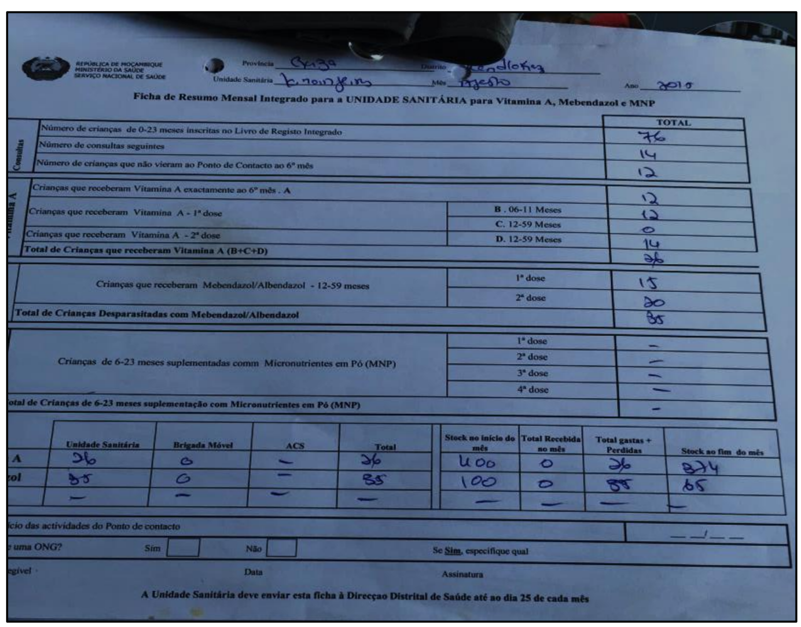
District Health Management Teams: in collaboration with HKI, conducting regular supportive supervision visits to health facilities. HKI provides support to districts (mainly for transport) for conducting regular supportive supervision visits and usually the HKI project officer accompanies the District Nutrition Officer to the health facilities as part of regular monitoring. Also, the district health management team is responsible for coordination of nutrition partners working in the district through nutrition partnership platform. This platform is coordinated by the District Administrator and managed by District Health Director who organize monthly meetings and invite all nutrition partners working in the district.

Health Workers: under the integrated six month contact point package, health workers provides VAS to children immediately after turning 6months, counseling to mother/caretaker on IYCF, information on good hygiene practices and distribution of MNPs to children 6-23 months.



In addition, health workers record children from 0 to 23 months in a special register designed by HKI & MOH which include all important details of the child to facilitate follow up in case the child is not brought back to the health facility to receive VAS at 6month or MNPs as needed. Each child is recorded with details such as the date of birth, name of the caretaker, location of the child and phone number.

Children who are below 6months are recorded and the date at which the child is supposed to be brought back to the health facility to receive VAS (first dose) is identified and included in the register book. To ensure the child is brought back to the health facility on the specific date, the date to receive VAS is included in the child health card and also the caretakers is informed on when the child should be brought back to the health facility for VAS.



Similarly, at the beginning of each month health workers go through the register books to identify the number children who are to receive VAS at 6month and use this number as their target for that month. This does not mean that other children who come to the health facility who have not been registered will not receive VAS if they have reached 6months. In the event where the child is not brought back to the health facility for VAS on the date that is required, the health worker would make follow up with mother support groups in the area where the child is located (based on the information available in the register books), the mother support

groups then makes follow up with the caretaker to remind them to bring the child to the health facility to receive VAS. During home visits by mother support groups, among other things the lead mother asks for the child health card and check to see if the child has received VAS. As depicted in the picture above, in the month of September 2015 one health facility had 12 children who were supposed to receive VAS at 6month according to the register books. At this health facility, by the end of September all 12 children had received VAS, meaning that these children were supplemented immediately after turning 6 months which is very critical. Another interesting part is that the health facility was able to track all children who had been registered and eligible for 6month VAS in September 2015.

Community Leaders: ensures all children 0-59 months in the community are registered in the community registers and then submit this information to the health facility at the end of each month. Community register books were designed in collaboration with MOH, printed by HKI then distributed to all communities to facilitate community level registration.

This exercise is led by community leaders who are assisted by mother and fathers support groups. Due to other equally important activities in the communities, normally community leaders set aside one day in a week to carry out this exercise while mother and fathers support groups carry out this exercise when conducting home visits usually once a month, community leaders meet with health workers to discuss progress of the registration exercise then submit data/information on children registered during that month.

Likewise, community leaders are responsible for mobilizing caretakers of children aged 6-59 during Child Health Weeks. Using the community registers and with the support of mother and father groups, community leaders are able to identify children between 6-59 months and ensure they are brought to health facilities.

In order to motivate community leaders to continue with social mobilization activities, HKI in collaboration with other nutrition partners through the district platform launched a competition during November 2015 Child Health Week to allow recognition of community leaders who will have registered and mobilized many children to attend the event.

Mother and fathers support groups: were established by World Vision International (WVI) in collaboration with the Government of Mozambique. These groups have 10 members each with most of them having more women than men. You will find in one group 8 out of 10 members are women and only 2 are men.
These groups have evolved to be an important structure in the communities and they have attracted more people to join and therefore more men have started to join in. The pilot project has a total of 40 groups, these mother and fathers have received training on promotion of 6month contact point for VAS, MNP use and promotion as well as IYCF counselling.

On a monthly basis, each member of the group visits 10 households for follow up to ensure children are receiving VAS at 6month, check on MNPs use and provides IYCF counselling. Generally, the support groups are responsible for promotion of the 6month contact point, promotion of VAS at 6month, IYCF counseling, promotion of good hygiene practices and promotion of MNPs use. During home visits, lead mothers conduct cooking demonstrations which are done also at health facilities once a week and at churches during big events. The cooking demonstrations use locally available foods.

In order to motivate these mother and fathers support groups, HKI in collaboration with other nutrition partners through the district platform are discussing ways of providing support to the groups that would encourage them to continue supporting families in the communities. To begin with, the HKI project is going to provide orange-fleshed sweet potato vines to the support groups as an incentive while continuing discussions with other partners to get them involved in supporting these groups. Through the district nutrition platform, partners will be encouraged to provide support based on their project areas for example those working in agriculture could provide seeds etc.

Community Health Workers: Community Health Workers were trained by Ministry of Health and are paid by the Government to provide basic health care in the communities. Within the integrated 6mcp project community health workers are responsible for distribution of Vitamin A capsules during Child Health Weeks, linking communities with health facilities and conducting community mobilization particularly on the importance of the 6 month contact point for VAS.

Nutrition Partnership Platform: This platform was initiated by HKI in Mandlakazi district in June 2015 in collaboration with the Ministry of Health. It is managed by the District Administrator who acts as the platform coordinator and District Health Director who organize partner meetings once every month for coordination and follow up on nutrition activities taking place in the district. At the time when this platform was introduced, Chibuto district did not yet have the District Health Administrator and therefore it was not possible to have this platform in the district. Chibuto district now has the health administrator on board and is in the process of establishing the platform with support from HKI.

Achievements so far;

- In Mandlakazi district, Child Health Weeks now receive more support from nutrition partners working in the district.
- Through this platform media coverage during November 2015 Child Health Week was free of charge.
- Currently, activity needs are discussed during platform meetings and partners work together to mobilize resources.
- Through this platform, HKI was able to collaborate with WVI and trained 40 mothers and fathers support groups, this training was funded by WVI.
- Through this platform, partners are discussing ways to support community leaders as well as mother and fathers support groups to continue working in the communities.

3. Field Visit Summaries

HKI VAS team accompanied by Regional VAS program officer visited 6 health facilities in Chibuto and Mandlakazi districts between 3rd and 4th November 2015 to observe implementation of activities in the field. Below are summaries of findings from discussions conducted with health workers about community child registration, community social mobilization and also a discussion with mothers support group about their work.

Community child registration: registration of all children under-five at community level was initiated in June 2015 in all communities by the district health management team with technical support from HKI. This exercise is led by community leaders who are assisted by the group of mother and fathers. Among the health facilities visited, the number of children 0-59 months that had been registered between June and October 2015 ranged from 300 to 1200 children.

The exercise is expected to continue throughout the project and therefore more children are expected to be registered in the coming months. According to the health facility workers, community leaders have not reported any challenge so far and have been submitting information on child registration as required.

Health workers also added that, community child registration exercise has created an important link between health facilities and communities and will facilitate tracking of all children to ensure they receive VAS and other services.

Community social mobilization: the records found at the health facilities visited showed that most of the health facilities had covered more than half of their target population within just two days of Child Health Week.

For example, one health facility had a target of 1095 children (6-59 months) and had already reached 940 children equal to 89.9% on the second day of the event. Health workers informed the VAS team that community leaders had used the child registers to identify children and mobilized the caretakers to bring children to the health facility.

Health workers mentioned that in the past it used take them a week plus to cover all children but through the help of community leaders they expected to complete the exercise on time.

Discussion with mother support group: the VAS team met with a few mothers to learn more about their work. The mothers had a great understanding of the project and knew their roles well in terms of the different activities they are expected to carry out in the communities. Also the mothers described how they follow up children who do not go to health facilities as required.

The mothers said that, at every home visit they ask for the child health card and check to see if the child has received VAS and also check about MNPs. If the child has not received VAS they ask the caretaker to take the child to the health facility.

***Does it end there*?** These mothers make sure they record names of the children who were missed and would follow up with the caretakers during the next visit to check if they made it to the health facility.

What is it that motivates these mothers? According to these mothers, they want to see children in their communities looking happy and healthy! Also they feel proud when mothers and caretakers appreciate their work.

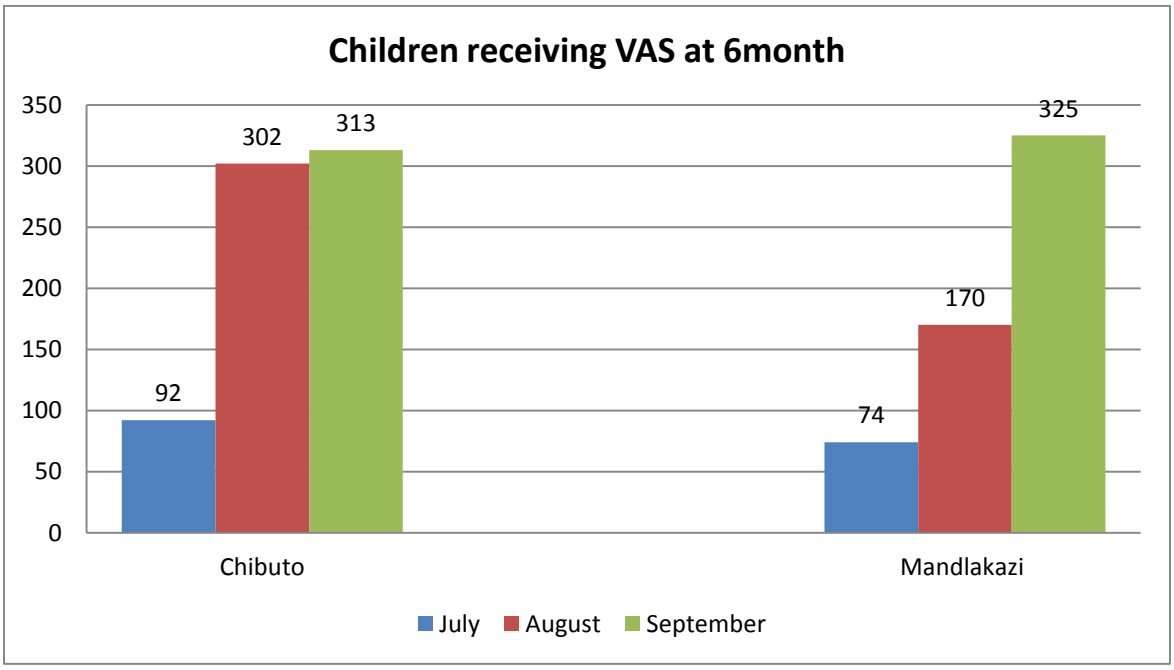
4. Progress made towards the project outputs

Output 1: Established 6month contact point as part of routine health services.					
SN	Activity	Plan	Results	%	Remarks
1.1	Develop and print registers for registration of children 0-59 months in the communities	250 Books	250	100%	Books distributes to the communities as planned.
1.2	Train community leaders on child registration	n/a	34	n/a	All community leaders have begun child registration.
1.3	Train MFGs on promotion of the integrated 6month contact point	40	39	97.5%	Out of 39 groups trained, 15 groups have already made at least one home visit.
1.4	Support child registration for children 0-23 for MNPs distribution at health facility	13935 children	6225 children	45%	Registration is ongoing.
1.5	Train Community Health Workers (CHWs) on promotion of the integrated 6mo contact point	52	52	100%	28 in Chibuto; 24 in Mandlakazi
1.6	Train Health Workers on integrated 6mo contact point service delivery and promotion	50	53	106%	HWs are replicating the training to MFGs and CHWs
1.7	Establish a community system for monitoring mothers adherence to health facilities	34	n/a	n/a	Activity in progress
1.8	Air messages on community radios about the integrated 6month pilot project	16	8	50%	Activity in progress
1.9	Support community groups, FBOs to conduct promotion on the importance of 6mo contact point.	n/a	n/a	n/a	Activity in progress
1.10	Conduct mapping of mother and fathers support groups and CBOs in the communities	n/a	n/a	n/a	mapping done in collaboration with WVI
1.11	Conduct advocacy meetings with partners working in nutrition in the district	2	4	200%	meetings done
Output 2: Increased knowledge and practices on appropriate child feeding among mothers/caretakers of children below 2 years.					
SN	Activity	Plan	Results	%	Remarks
2.1	Train group of mothers and fathers for IYCF promotion in the communities.	40	39	98%	210 women trained.
2.2	Train CHWs on IYCF promotion	52	50	93%	37 women and 13 men trained
2.3	Train HWs on IYCF	50	53	106%	40 women and 13 men trained
2.4	Print IEC materials	40	40	100%	Materials distributed to all group of mothers
2.5	Support home visits and counselling by mother and fathers groups	40 GMF	28	70%	
Output 3: All children between 6-23 months are reached with Micronutrient Powders					
SN	Activity	Plan	Results	%	Remarks
3.1	Conduct advocacy meetings with district partners working in nutrition.	2	4	200%	Objective- integration and coordination of activities in the communities.
3.2	Support training on MNPs for HWs	50HWs	53	106%	40 women and 13 men
3.3	Support districts to conduct nutrition coordination meetings	2	4	200%	Partners from the Government were present.
3.4	Conduct mapping of mother and fathers support				Activity conducted in

	groups				collaboration with WVI.
3.5	Support promotion of MNPs on community radios	16	8	50%	Activity in progress
3.6	Train CHWs on MNP use and promotion	52	50	96%	37 women and 13 men trained
3.7	Print IEC materials	40	40	100%	Distribution completed.
3.8	Support MNP distribution in the community	40	36	96%	
3.9	Support group of mothers and fathers to conduct home visits on MNPs use.	40	28	70%	MNPs distribution started in September.

5. Results

As shown in the graph below, this project has made a remarkable progress reaching children with Vitamin A Supplementation immediately when turning 6months. During the first month of the project (July 2015) a total of 92 children in Chibuto and 74 children in Mandlakazi districts received VAS at 6month, this was a huge step considering that before this project children were not being supplemented with VAS at 6month. By August 2015, the number of children receiving VAS in Mandlakazi district was more than double while Chibuto had tripled to 302 children. In September 2015 alone the two districts together reached a total of 638 children. This project has been successful mainly due to the involvement and coordination of the key actors in VAS at national, district and community level.



Major Implementation Challenges

- The project had a budget for training only 1 health worker per facility, some of these health workers have left to find work elsewhere while some have moved to health facilities outside the two districts. This project requires at least one trained health worker who then would transfer knowledge to other health workers at the health facility and ensure that services are delivered as per the standard. Health facilities which currently do not have a trained health worker are likely to have poor performance on the aspects of child registration, data recording and reporting which requires understanding of the forms and the processes.

- The project did not have funding for translation of social mobilization materials into different local languages. Having these materials in different local languages will facilitate more social mobilization sessions and therefore more caretakers will be reached with information about the integrated 6month contact point.

- Side comment: this project is implemented as sub-project of the VAS project and do not really have funds for a second year. With a broader horizon for implementation, then challenges of sustainability can be better addressed.

Actions needed to accomplish the project goals

1. Regional VAS team to discuss with the country VAS team about the additional funding required for training of more health workers and translation of social mobilization materials, before end of December 2015.
2. Upon availability of funding, the country VAS team should conduct training of health workers before end of January 2016.
3. Using monthly coverage reports and findings from supervision visits, the country VAS team should identify the low performing health facilities and organize visits in order to provide more support. If possible, these visits should be organized before end of December 2015 while waiting for availability of funding to conduct training to more health workers.
4. The country VAS team should encourage the community groups to use the local languages during counseling and social mobilization sessions.
5. The country VAS team should continue to monitor the work of health workers, community leaders as well as mothers and fathers support groups so that the standard of implementation is maintained.